

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 9/060047	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/		/		/		51					
2		/		/		/	52					
3		/		/		/	53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14		/		/		/	64					
15		/		/		/	65					
16							66					
17							67					
18							68					
19		/		/		/	69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28		/		/		/	78					
29		/		/		/	79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	/		/		/		TOTAL IND.					
TOTAL DEP.	7	↔	9	↔	10	↔	TOTAL DEP.					
TOTAL CLAIMS	8		10		11		TOTAL CLAIMS					